ARKANSAS STATE VETERANS CEMETERY INTERMENT APPLICATION								
		Date:			Time:			
Please print the name on the	ne line below the	, ,				ending on the length of the name, only the		
middle initial may be allowed on headstone.  DECEDENT'S INFORMATION								
First Name		Middle		Last Nar		ne	Suffix	
Social Security Number		Date of Death		Date of Birth		Place of Birth	Male/Female	
If decedent is not the vet	I I I I I I I I I I I I I I I I I I I		ran·		Self:			
If decedent is not the veteran, please describe relationship to veteran:  Marital Status: ( ) Married ( ) Divorced ( ) Never Married ( ) Separated (						) Widowed ( ) Unknown		
INTERMENT INFORMATION								
Date of Interment:		Time:		Full Casket:		Section:		
Religious Emblem:		Check #:		Single:		Grave No:		
Outside Container:		Check Date:		Double:		Cremation:		
				Oversize		Honors:		
NEXT OF KIN INFORMATION								
First Name		Middle		Last Nar		ne Suffix		
Address		City		State		County	Zip Code	
Phone Number		Date of Birth		SSN		Relationship to Decedent		
VETERAN'S SERVICE INFORMATON								
(Please submit discharge if this is first interment)								
First Name		Middle		Last Nar		ne Suffix		
Social Security Number		Service Number		VA Claim Number		Character of Discharge		
Branch of Service		Highest Rank		Date of Entry		Date of Release		
Military Status: ( ) Active Duty ( ) Retired ( ) National Guard/Reserve ( ) Veteran ( ) Other; Specify								
Service Period: ( ) WWII ( ) Korea ( ) VietNam ( ) Persian Gulf ( ) Iraq ( ) Afghanistan ( ) Other; Specify								
Awards: (Requires verificat	, , , , , , , , , , , , , , , , , , , ,			oss ( ) Silver Star ( ) LOM				
( ) DFC ( ) Bronze Star ( ) Purple Heart ( ) MSM ( ) Commendation Medal ( ) Achievement Medal ( ) Other								
FUNERAL HOME INFORMATION								
Funeral Home		Point of Contact		Phone Number		Fax Number		
Address				City		State	Zip Code	
FOR CEMETERY USE ONLY								
\$300 Dependent Fee:	Confirmed by: Headst		Headstone (	Ordered:				
Date Received:		DD214 ( ) V		/ARO ( ) Headstone F		Received:		
				Headstone S		Set:		
Eligible		RMC:			BIRLS		( )	
( ) Yes ( ) No		NPRC STL:			VSO Name:			
Approved:						Date:		

ASVC Form 01 5/7/2010